

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: SANDPOINT, CITY OF  
ADDRESS: 1123 LAKE STREET  
SANDPOINT, ID 83864  
FACILITY: CITY OF SANDPOINT - SAND CREEK WTP  
LOCATION: 951 SCHWEITZER BASIN ROAD  
SANDPOINT, ID 83864  
ATTN: KODY VAN DYK, PUB. WORKS DIR.

ID0024350	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 83864  
MINOR  
(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	14			Weekly	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.14	1.14			Monthly	GRAB
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.07	*****	7.49			Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	5.89	6.45		*****	10	10			Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	29 DAILY MX	lb/d	*****	30 MO AVG	45 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	70668	77358		*****	*****	*****	*****		Daily	METER
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	.002	.045		*****	.023	.07			Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.65 MO AVG	.65 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMIT LIMIT FOR CHLORINE = 0.007 MO AV; 0.013 DA MX FOR LBS/DY. 0.01 MO AV; 0.02 DA MX FOR MG/L.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

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10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 83864  
MINOR  
(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	8.8			Weekly	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.28	1.28			Monthly	GRAB
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.06	*****	7.55			Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	3.29	4.8		*****	8	8			Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	29 DAILY MX	lb/d	*****	30 MO AVG	45 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	49336	71971		*****	*****	*****	*****		Daily	METER
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	.014	.03		*****	.034	.05			Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.65 MO AVG	.65 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	GRAB

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				MM/DD/YYYY

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LOCATION: 951 SCHWEITZER BASIN ROAD  
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ATTN: KODY VAN DYK, PUB. WORKS DIR.

ID0024350	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 83864  
MINOR  
(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9			Weekly	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.05	1.05			Monthly	GRAB
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.43	*****	7.61			Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1.29	2.95		*****	3	3			Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	29 DAILY MX	lb/d	*****	30 MO AVG	45 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	51405	117978		*****	*****	*****	*****		Daily	METER
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	.009	.04		*****	.02	.04			Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.65 MO AVG	.65 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	GRAB

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				MM/DD/YYYY

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12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 83864  
MINOR  
(SUBR 01)

External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI E				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI E	NODI E				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI E	*****	NODI E				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI E	NODI E		*****	NODI E	NODI E				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	29 DAILY MX	lb/d	*****	30 MO AVG	45 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1381	77293		*****	*****	*****	*****		Daily	METER
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	NODI E	NODI E		*****	NODI E	NODI E				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.65 MO AVG	.65 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	GRAB

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ID0024350	001-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	01/31/2015

DMR Mailing ZIP CODE: 83864  
MINOR  
(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	29 DAILY MX	lb/d	*****	30 MO AVG	45 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0	0		*****	*****	*****	*****		Daily	METER
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.65 MO AVG	.65 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	GRAB

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ATTN: KODY VAN DYK, PUB. WORKS DIR.

ID0024350	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 83864  
MINOR  
(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	29 DAILY MX	lb/d	*****	30 MO AVG	45 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.65 MO AVG	.65 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	GRAB

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03/01/2015	03/31/2015

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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	29 DAILY MX	lb/d	*****	30 MO AVG	45 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.65 MO AVG	.65 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	GRAB

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LOCATION: 951 SCHWEITZER BASIN ROAD  
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ATTN: KODY VAN DYK, PUB. WORKS DIR.

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PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 83864  
MINOR  
(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	.64	.64				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.36	*****	7.59				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	.65	3.4		*****	5	5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	29 DAILY MX	lb/d	*****	30 MO AVG	45 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	15687	81450		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	.005	.027		*****	.04	.04				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.65 MO AVG	.65 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMIT LIMIT FOR CHLORINE = 0.007 MO AV; 0.013 DA MX FOR LBS/DY. 0.01 MO AV; 0.02 DA MX FOR MG/L.



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: SANDPOINT, CITY OF  
ADDRESS: 1123 LAKE STREET  
SANDPOINT, ID 83864  
FACILITY: CITY OF SANDPOINT - SAND CREEK WTP  
LOCATION: 951 SCHWEITZER BASIN ROAD  
SANDPOINT, ID 83864  
ATTN: KODY VAN DYK, PUB. WORKS DIR.

ID0024350	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 83864  
MINOR  
(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	14			Weekly	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	.8	.8			Monthly	GRAB
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.84	*****	7.46			Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	.58	2.2		*****	4	4			Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	29 DAILY MX	lb/d	*****	30 MO AVG	45 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	17279	65974		*****	*****	*****	*****		Daily	METER
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	.001	.006		*****	.01	.01			Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.65 MO AVG	.65 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMIT LIMIT FOR CHLORINE = 0.007 MO AV; 0.013 DA MX FOR LBS/DY. 0.01 MO AV; 0.02 DA MX FOR MG/L.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: SANDPOINT, CITY OF  
ADDRESS: 1123 LAKE STREET  
SANDPOINT, ID 83864  
FACILITY: CITY OF SANDPOINT - SAND CREEK WTP  
LOCATION: 951 SCHWEITZER BASIN ROAD  
SANDPOINT, ID 83864  
ATTN: KODY VAN DYK, PUB. WORKS DIR.

ID0024350	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 83864  
MINOR  
(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	16.5				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	.61	.61				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.57	*****	7.67				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1.87	4.05		*****	4	4				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	29 DAILY MX	lb/d	*****	30 MO AVG	45 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	55908	121250		*****	*****	*****	*****			METER
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	.012	.04		*****	.025	.04				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.65 MO AVG	.65 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	GRAB

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMIT LIMIT FOR CHLORINE = 0.007 MO AV; 0.013 DA MX FOR LBS/DY. 0.01 MO AV; 0.02 DA MX FOR MG/L.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: SANDPOINT, CITY OF  
ADDRESS: 1123 LAKE STREET  
SANDPOINT, ID 83864  
FACILITY: CITY OF SANDPOINT - SAND CREEK WTP  
LOCATION: 951 SCHWEITZER BASIN ROAD  
SANDPOINT, ID 83864  
ATTN: KODY VAN DYK, PUB. WORKS DIR.

ID0024350	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 83864  
MINOR  
(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	19.4				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	.91	.91				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.72	*****	6.97				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1.3	2.07		*****	3	3				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	29 DAILY MX	lb/d	*****	30 MO AVG	45 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	51946	82568		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	.006	.021		*****	.014	.03				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.65 MO AVG	.65 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	GRAB

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMIT LIMIT FOR CHLORINE = 0.007 MO AV; 0.013 DA MX FOR LBS/DY. 0.01 MO AV; 0.02 DA MX FOR MG/L.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: SANDPOINT, CITY OF  
ADDRESS: 1123 LAKE STREET  
SANDPOINT, ID 83864  
FACILITY: CITY OF SANDPOINT - SAND CREEK WTP  
LOCATION: 951 SCHWEITZER BASIN ROAD  
SANDPOINT, ID 83864  
ATTN: KODY VAN DYK, PUB. WORKS DIR.

ID0024350	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83864  
MINOR  
(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	17				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.2	1.2				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	6.8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	.11	1.72		*****	2	2				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	29 DAILY MX	lb/d	*****	30 MO AVG	45 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	6839	103140		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	.0006	.0086		*****	.01	.01				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.65 MO AVG	.65 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	GRAB

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMIT LIMIT FOR CHLORINE = 0.007 MO AV; 0.013 DA MX FOR LBS/DY. 0.01 MO AV; 0.02 DA MX FOR MG/L.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: SANDPOINT, CITY OF  
ADDRESS: 1123 LAKE STREET  
SANDPOINT, ID 83864  
FACILITY: CITY OF SANDPOINT - SAND CREEK WTP  
LOCATION: 951 SCHWEITZER BASIN ROAD  
SANDPOINT, ID 83864  
ATTN: KODY VAN DYK, PUB. WORKS DIR.

ID0024350	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83864  
MINOR  
(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	12.5				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.15	1.15				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.64	*****	7.26				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1.87	3.65		*****	5	5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	29 DAILY MX	lb/d	*****	30 MO AVG	45 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	44866	87404		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	.012	.029		*****	.032	.04				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.65 MO AVG	.65 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	GRAB

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMIT LIMIT FOR CHLORINE = 0.007 MO AV; 0.013 DA MX FOR LBS/DY. 0.01 MO AV; 0.02 DA MX FOR MG/L.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: SANDPOINT, CITY OF  
ADDRESS: 1123 LAKE STREET  
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FACILITY: CITY OF SANDPOINT - SAND CREEK WTP  
LOCATION: 951 SCHWEITZER BASIN ROAD  
SANDPOINT, ID 83864  
ATTN: KODY VAN DYK, PUB. WORKS DIR.

ID0024350	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 83864  
MINOR  
(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	11				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.48	1.48				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.73	*****	7.28				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	2	3.6		*****	5	5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	29 DAILY MX	lb/d	*****	30 MO AVG	45 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	48137	87099		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	.0056	.0145		*****	.014	.02				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.65 MO AVG	.65 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	GRAB

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: SANDPOINT, CITY OF  
ADDRESS: 1123 LAKE STREET  
SANDPOINT, ID 83864  
FACILITY: CITY OF SANDPOINT - SAND CREEK WTP  
LOCATION: 951 SCHWEITZER BASIN ROAD  
SANDPOINT, ID 83864  
ATTN: KODY VAN DYK, PUB. WORKS DIR.

ID0024350	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 83864  
MINOR  
(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.43	2.43				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.85	*****	7.16				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	3.4	6.2		*****	9	9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	29 DAILY MX	lb/d	*****	30 MO AVG	45 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	45485	82288		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	.015	.048		*****	.04	.07				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.65 MO AVG	.65 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	GRAB

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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